ATTORNEY OR PART	TY WITHOUT ATTORNE	FOR COURT USE ONLY	
TELEPHONE NO.: E-MAIL ADDRESS (Optional):		FAX NO.(Optional):	
ATTORNEY FOR (Name):			
	OF CALIFORNIA, C		
STREET ADDRESS: MAILING ADDRESS:	600 Union Avenue PO Caller 5000	580 Texas Street	
CITY AND ZIP CODE:	Fairfield, CA 94533	Fairfield, CA 94533	
PETITIONER(S):			
RESPONDENT(S):		
RESPONSE TO PETITION RE: DISPOSITION OF WEAPONS; NOTICE OF HEARING			CASE NUMBER:
I,		, am a	respondent in this matter. I respond to
the petition for dis	sposition of weapo	ns as follows:	·
☐ I consent to the petition and I do not request a hearing.			
☐ I object to the petition and I request that a hearing be set.			
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Date:			
		Signature of Declarant	_
		NOTICE OF HEARING	
□ No hearing set.			
A hearing has been set for			at
in Department at the following address:			
☐ 600 Union A	Avenue, Fairfield, CA	√ 94533 ☐ 580 Texas Street, Fairfield,	CA 94533
Data			
Date: Deputy Clerk			
		Clerk's Certificate of Service	
I certify that I am not involved in this case and (<i>check one</i>): A certificate of mailing is attached.			
 ☐ I handed a copy of this notice to the party and attorney, if any, listed below, at the court on the date below. ☐ This notice was mailed first class, postage paid, from Fairfield, California to the party and attorney, if any, at the 			
addresses listed below, on the date below.			
Date:			
		Deputy Clerk	